UE	CITY OF TITUSVILLE DEPARTMENT OF HEALTH					No. of Risk Factor/Interventions Violations No. of Repeat Risk Current				
						Intervention/Violat		/20.		
	etz #502		Location 331 W	v c.	+	l Avo	Phone			
		Permit Holder				ection Est Type	Risk Category			
Licens Permit		Permit Holder		-	•		71	Lov		
		ECODRODNE II I NECO	- 11	outine				20,		
	Circle deciona	FOODBORNE ILLNESS ted compliance status (IN, OUT, N/O, N/					Mark "X" in appropriate box for COS and/	or R		
IN	= in compliance	OUT = not in compliance N/O = not	observed I	N/A ≈	not app	licable COS = c	orrected on-site during inspection R = repe			
		Compliance Status	°	005 R		(Compliance Status			
	Ŀ	Demonstration of Knowledge					Hazardous Food Time/Temperatu	ıre		
1	IN OUT	Certification by accredited program, compliance with Code, or correct response	onses		16	IN OUT N/A N/O	Proper cooking time & temperatures			
		Employee Health	711303		17 18	IN OUT N/A N/O	Proper reheating proc for hot holding Proper cooling time & temperatures			
2	IN OUT	Management awareness; policy presen	nt		19	IN OUT N/A N/O	Proper hot holding temperatures			
3 ,	IN OUT	Proper use of reporting, restriction & e			20	IN OUT N/A	Proper cold holding temperatures			
		Good Hygienic Practices			21	IN OUT N/A N/O	Proper date marking & disposition			
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacc			22	IN OUT N/A N/O	Time as public health control; proc & rec	-		
5	IN OUT N/O	No discharge from eyes, nose, and mo eventing Contamination by Hands	ucn				Consumer Advisory			
£	IN OUT N/O				23	IN OUT N/A	Consumer advisory provided for raw or			
6	IN OUT N/O	Hands clean & properly washed No bare hand contact with RTE foods of			2.5		undercooked foods			
7	IN OUT N/A N/O	approved alternate method properly fo				Hi	ghly Susceptible Populations			
8	IN OUT	Adequate handwashing facilities supplied accessible	&		24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	5		
		Approved Sources		1			Chemical			
9	IN OUT	Food obtained from approved source			25	IN OUT N/A	Food additives: approved & properly used			
10	IN OUT N/A N/O	Food received at proper temperature			26	IN OUT N/A	Toxic substances properly identified, stored used	8.		
11	IN OUT	Food in good condition, safe & unadult	terated			Confort	mance with Approved Procedures			
12	IN OUT N/A N/O	Required records available: shelf stock parasite destruction	tags,		27	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan			
		Protection from contamination					ргосеза, острасст рівт			
13	IN OUT N/A	IN OUT N/A Food separated & protected				Risk factors are improper practices or procedures identified as the				
14	IN OUT N/A	Food-contact surfaces: cleaned & sanit Proper disposition of returned, previou		contributing factors of foodborne illness or injury. Pub		oodborne illness or injury. Public Health Inte ssures to prevent foodborne illness or injury.				
15	IN OUT	served, reconditioned & unsafe food	Siy							
						ACTICES				
		od Retail Practices are preventative mea bered item is not in compliance Mark						repea		
Mark '						COS and/or R COS	solitacea oil oito dalling mopeation it i			
Mark `			0	OS R	box for	COS and/or R CO:				
		Safe Food and Water	C	cos R	box for		Proper Use of Utensils			
28	 	rized eggs used where required	C	OS R	box for	In-use utens	Proper Use of Utensils	<u>ч</u>		
	Water t			COS R	box for	In-use utens Utensiis, equ	Proper Use of Utensils			
28 29	Water to Variance	rized eggs used where required & ice from approved source te obtained for specialized processing me Food Temperature Control	ethods	COS R	41 42	In-use utens Utensiis, equ	Proper Use of Utensils ils: properly stored iip & linens: properly stored, dried & handled single-service articles: properly stored & use			
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		FUUD	ESTABLISHMENT.										
	F TITUSVILI		GREASE TRAP INSTALLED Yes No			Date 5/119							
Establishment Sheetz #502			Address/City/State/Zip Cod 331 W. Central Ave.	е		Phone	Phone						
TEMPERATURE OBSERVATIONS													
Item/Location Temp		Item/Location Temp		Item/Location		Тетр							
5537		360		FE(yus_								
Tomotrae 37°		37			,								
Burgers Le		1630		<u></u>									
Hotosi		37	Roller Gr. 11		ŧ.								
(P) 1K-12		34	KOILT GE. II										
	10 65												
2175 C		350 F		·		-							
			OBSERVATIONS AND CO	RRECTIVE ACTIO	NS								
Item	Violatio	ns cited in this report min	st be corrected within the tir	me frames holow or	ac chated in cartic	one 8-40E 11	of the food code						
Number			U 10 6 to No 1										
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Person in Ci	Person in Charge (Signature) Sawa Oswald Date: 5/1/19												
		(pannon	00			, ,-	1.110						
Inspector (S	nspector (Signature) Date: 3/1/7												